

ISSUE SLIP STAPLE AREA (for additional cross references)

| POSITION | INITIALS | ID NO. | DATE |
|----------------------------------|------------|-------------|----------------------|
| FEE DETERMINATION | | | |
| O.I.P.E. CLASSIFIER | 10111 | 20 | 07-28-01 |
| FORMALITY REVIEW | A.M | 1081 | 8/14/01 |
| RESPONSE FORMALITY REVIEW | C.M A.T | 825 1071 | 10/16/01 11/14/01 |

INDEX OF CLAIMS

✓ Rejected N Non-elected
 = Allowed I Interference
 - (Through numeral)... Canceled A Appeal
 ÷ Restricted O Objected

| Claim | Final | Original | Date |
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| Claim | Final | Original | Date |
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If more than 150 claims or 10 actions
staple additional sheet here

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Best Available Copy

523
11/15/01
527
10/14/01